

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALDEN WENTWORTH REHAB & HCC

**201 WEST 69TH STREET
CHICAGO, IL 60621**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 1683381/IL86348	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow care plan intervention for mechanical lift transfer for one resident (R2) out of 3 residents reviewed for mechanical lift transfers. This failure resulted in R2's hospitalization on 5/24/16 for an acute oblique displaced fracture of the distal tibia and the posterior and superior aspect of the calcareous following transfer from bed to chair on 5/24/16 without use of mechanical lift.</p> <p>Findings include:</p> <p>R2 was admitted to the facility on 7/19/06. R2's face sheet lists the following diagnoses: Cerebral infarction, fracture left lower leg, anemia, GERD, chronic embolism, schizophrenia, cataract and pain.</p> <p>On 6/22/16 at 9:10am, R2 was observed in a specialty chair with her lower leg wrapped in a splint and ace wrap. R2 was not able to verbalize what happened to her leg. R2's clinical records dated 5/24/16 at 7:30am read "Weeping laceration & swelling to left lower leg, pain when moved." R2's clinical notes read that an x-ray was ordered on 5/24/16 and the results noted that R2</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>had an acute oblique displaced fracture to the distal tibia and the posterior and superior aspect of the calcaneus. R2 was sent to the hospital on 5/24/16 after x-ray report from facility revealed left tibia fracture.</p> <p>On 6/22/16 at 10am, E2 (Director of Nursing) stated that she conducted an investigation regarding the cause of R2's tibia fracture. E2 stated that her investigation showed that E5 (Certified Nursing Assistant) did not use the mechanical lift when transferring R2 from bed to chair on 5/24/16. E2 stated that R2 was noted to be in pain and had a weeping laceration with swelling to her left lower leg on 5/24/16 at 7:30am. E2 stated that she terminated E5 following her investigation. E2 stated that the staff were aware that R2 required a mechanical lift for transfers. E2 stated that R2 was sent to the hospital.</p> <p>The facility's final report sent to IDPH on 5/27/16 read, "Following all interviews with nurses and CNA staff, it was determined that the injury occurred during transfer."</p> <p>R2's care plan dated 8/21/15 reads, "R2 requires the use of a mechanical lift for transfers. Use total body (mechanical lift) when transferring R2."</p> <p>(B)</p>	S9999			